**Check ONE:**

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|  **EDUCATION** **LEADERSHIP**  **PROFESSIONAL DEVELOPMENT** |
| **Badge Number** | **Submission Date** |
| **Nurse Manager** | **Department** | **Point Value** |
| **Name of Activity (as listed on rubric)** |
| **Title (if applicable)** |
| **Date/s, Date Range and/or Hours Performed** |
| **Brief Description of how this activity qualifies** |
| **List of Attachments**  |
| **Manager Name and Title (PRINT)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Revised 6.2023